Regulatory Impact Analysis (RIA)

Public Health (Alcohol) Bill

1 Summary of RIA

A summary of the RIA which includes Policy Options, Costs, Benefits and Impacts is attached at Appendix A

2 Policy Context/Objectives

Alcohol is no ordinary product. It has major public health implications and is responsible for a considerable burden of health, social and economic harm at individual, family and societal levels.

Alcohol:

- was responsible for at least 83 deaths every month in 2011 (source the National Drug-Related Deaths Index);
- is associated with 8,836 attendances in 2012 to specialised addiction treatment centres;
- is involved in one of every three poisoning deaths in Ireland in 2012 and remains the substance implicated in most poisonings (i.e. toxic effect of drugs in the body). (Drug-related deaths and deaths among drug users in Ireland: 2012 figures from the National Drug-Related Deaths Index);
- is a contributory factor in half of all suicides and in deliberate self-harm; is one of the factors associated with higher rates of self-harm presentations to hospitals on Sundays, Monday Public Holidays and around the hours of midnight;
- is associated with a risk of developing health problems such as alcohol dependence, liver cirrhosis, cancer and injuries;
- is a factor in many assaults, including sexual assaults, and in rape, domestic violence and manslaughter;
- is a factor in many road collisions including a quarter of fatal road collisions (Road Safety Authority).
- Alcohol-related cancers are estimated to more than double for females and increase by 81% for males up to 2020 (National Cancer Registry)

Alcohol related costs:

- alcohol-related illness cost the healthcare system €800 million, alcohol-related crime cost an estimated €686 million and alcohol related road accidents cost an estimated €258 million in 2013;
- the cost of lost economic output due to alcohol was estimated to be €641 million in 2013 (€195 million due to absenteeism, €185 million due to accidents at work, €169 million due to suicide and €65 million due to premature mortality).

There is no sensible limit of alcohol consumption below which the risk of cancer is decreased. Even though light to moderate alcohol consumption might decrease the risk for cardiovascular disease - the net effect of alcohol is harmful. Alcohol consumption should not be recommended to prevent cardiovascular disease or all - cause mortality[1].

Irish alcohol consumption patterns

The consumption of alcohol in Ireland increased by 192% between 1960 and 2001, from an average of 4.9 litres pure alcohol per adult (over 15 years of age) to 14.3 litres. Since this peak, alcohol consumption has reduced and in 2013 alcohol consumption per adult was 10.64 litres. Figures from the Revenue Commissioners indicate that consumption increased to 11 litres in 2014. Preliminary figures until September 2015 show an increase of about 1.7% in consumption compared to the same period last year.

Patterns of drinking, especially drinking to intoxication, play an important role in causing alcohol-related harm. Per capita consumption is considered a good indicator of alcohol-related harm in a country. International evidence indicates that the higher the average consumption of alcohol at the individual level and in a population, the higher the incidence of alcohol-related problems for both.

Recent findings suggest that the majority of Irish drinkers engage in excessive or problematic drinking behaviours and that Irish drinkers underestimate our alcohol intake. Ireland's alcohol consumption remains in the top 5 among EU28 Member States and the WHO European Region has the highest consumption in the world[2]. Ireland also came fourth in the OECD for alcohol consumption, after Estonia, Austria and France, according to a recent report[3].

In addition, Ireland was second in the WHO European Region in relation to binge drinking with 39% of the population misusing alcohol in this manner at least monthly. This statistic was recently confirmed by national research through the **Healthy Ireland** survey, which found that drinking to excess on a regular basis is commonplace throughout the population with almost 4 in 10 (39%) of drinkers binge drinking on a typical drinking occasion and a quarter of them doing so at least once a week[4]. The survey also indicates that 17% of those drinking at harmful levels felt in the past 12 months that their drinking harmed their health, and 24% felt they should cut down on their drinking.

The **National Alcohol Diary Survey** last year showed that more than half (54%) of adult drinkers (18-75 years) in the population are classified as harmful drinkers, using the WHO AUDIT-C screening tool[5]. When the proportion of survey respondents who

[1] Shutze, M. *et al.* (2011) "Alcohol Attributable Burden of Incidence of Cancer in 8 European Countries Based on Results from Prospective Cohort Study" BMJ 2011;342:d1584.
[2] WHO (2014) *Global Status Report on Alcohol and Health*. Geneva: WHO.
[3] Sassi, F. (ed.) 2015 *Tackling Harmful Alcohol Use*. Paris: OECD.
[4] Ipsos MRBI (2015) *Healthy Ireland Survey 2015.* Dublin: The Stationery Office.
[5] Long, J and Mongan, D. (2014) *Alcohol Consumption in Ireland 2013*. Dublin: Health Research Board.

are classified as harmful drinkers is applied to the population, this equates with between 1.3 and 1.4 million harmful drinkers in Ireland.

The above findings lead to the conclusion that, amongst the drinking population, harmful drinking is the norm in Ireland, in particular for men and women under 35 years. While alcohol consumption per capita (15+ years) declined between 2007 and 2013, it still remains high and the damaging dominance of a harmful drinking pattern in Ireland remains very high by European standards and is a major public health concern.

Policy Recommendations

The *Steering Group Report on a National Substance Misuse Strategy* (NSMS) was published in 2012[6] and states that "alcohol has major public health implications and it is responsible for a considerable burden of health and social harm at individual, family and societal levels" (pg. 4). The Report contains a range of recommendations to reduce the consumption of alcohol in general. These recommendations are grouped under the five pillars of **Supply Reduction (availability), Prevention, Treatment, Rehabilitation and Research** (see Appendix B for list of recommendations).

In October 2013, the Government approved a comprehensive suite of measures to reduce excessive patterns of alcohol consumption and resultant social, economic and health harms as set out in the *Steering Group Report on a National Substance Misuse Strategy, 2012* (Government Decision S180/20/10/1801).

The aim is to reduce alcohol consumption in Ireland to 9.1 litres per person per annum (the OECD average when the Strategy was published) by 2020, and to reduce the harms associated with alcohol. It is expected that the effective implementation of the measures contained in the NSMS along with the measures provided for in the proposed Public Health (Alcohol) Bill will significantly reduce consumption and related harm.

The measures contained in the proposed Public Health (Alcohol) Bill relate to the recommendations outlined in the Supply (availability) and Prevention pillars of the *Steering Group Report on a National Substance Misuse Strategy, 2012.* The strategic objectives are:

- to ensure that the supply and price of alcohol is regulated and controlled in order to minimise the possibility and incidence of alcohol related harm; and
- to delay the initiation use of alcohol by children and young people.

[6] http://health.gov.ie/blog/publications/steering-group-report-on-a-national-substance-misuse-strategy-february-2012/

This will be achieved by:

- introducing a legislative basis for a minimum pricing per gram of alcohol (Rec. 1);
- making regulations on the sale, supply and consumption of alcohol and develop appropriate mechanisms for their enforcement (Rec. 3);
- commencing structural separation (Rec. 4);
- providing that the HSE may object to the granting of a court certificate for a new licence and to the renewal of licences (Rec. 7);
- introducing a framework with respect to the volume, content, and placement of all alcohol advertising (Rec. 13 and 14); and
- labelling on alcohol products to include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol in pregnancy (Rec. 3 – Prevention).

The other measures set out in the National Substance Misuse Strategy, were also endorsed by Government and are to be progressed by the relevant departments and organisations. The HSE has responsibility for implementing a number of recommendations in the Strategy and some of these measures are reflected in the HSE Service Plans.

The Bill is also one of a number of measures being taken under the *Healthy Ireland* Framework. This is the Government Framework which sets out a vision to improve the health and wellbeing of all the population of Ireland over the next 10 years. *Healthy Ireland* puts forward a "whole of society" approach and new arrangements to ensure more effective co-operation to achieve better outcomes for all.

Following publication of the General Heads of the Public Health (Alcohol) Bill 2015 in February 2015, the Joint Committee on Health and Children undertook to carry out pre-legislative scrutiny on these proposals. This process aims to enhance the legislative process by allowing Committees' to identify and explore significant issues at an early stage, with the aim of producing better regulations.

The Committee held five public sessions and engaged with a wide range of stakeholders to consider the Heads of the Bill. It also received a substantial number of submissions which reflected the strong interest in the proposed legislation.

The Committee's Report sets out a number of recommendations for consideration by the Minister, where appropriate[7] (see Appendix C). Overall, the Committee was generally supportive of the proposed measures in respect of product labelling, health warnings on alcohol products, minimum unit pricing and marketing and advertising regulations.

[7] http://www.oireachtas.ie/parliament/media/JCHC-Report-on-the-Pre-legislative-Scrutiny-of-the-General-Scheme-of-the-Public-Health-(Alcohol)-Bill-2015.pdf

3. Identification of various policy options

In this section, the various policy options to reduce alcohol consumption and alcohol related harm, will be considered.

The five available options are:-

(a) No Policy Change
(b) Undertake an Awareness/Information Campaign
(c) Provide for Self-Regulation/Co-Regulation
(d) Seek Higher Taxes on all alcohol products
(e) Legislate for the implementation of recommendations contained in the NSMS as per Government Decision (S180/20/10/1801)

(a) No Policy Change

This option ignores the strong international evidence and medical advice available and would have no beneficial impact on public health. On the contrary, alcohol would continue to be a major contributing factor in a range of social, medical and economic harms. In a recent report the OECD found that "harm to others, addiction and consumers' inaccurate perception of risk provide strong justification for government action in addressing the problem of harmful alcohol use"[8].

There are no additional costs associated with this option. However, alcohol related harm would continue to cost the Exchequer over €2.358 bn per annum[9] (see Table 1 - Appendix D)

The "no policy change" option is discounted on the basis that there is a need to protect public health and to reduce alcohol related harm.

(b) Awareness/Information/Social Marketing Campaign

While information campaigns can raise awareness of the issues/risks involved, they typically do not result in changing behaviour. The World Health Organisation notes that 'the evidence base indicates that the impact of alcohol-education programmes on harmful use of alcohol is small. To be effective, education about alcohol needs to go beyond providing information about the risks of alcohol to promoting the availability of effective interventions and mobilising public opinion and support for effective alcohol policies'[10]. Evidence indicates that when these campaigns are accompanied by the imposition of higher prices/taxes or disincentives they have a direct effect in changing behaviour. Examples of Government intervention which changed behaviour at individual and population level include those on Plastic Bag Levy, Penalty Points, Random Breath Testing etc.

[8] Sassi, F. (ed.) (2015) *Tackling Harmful Alcohol Use*. Paris: OECD (pg. 20)
[9] Hope, A. (2014) *Alcohol Literature Review.* Unpublished
[10] WHO (2010) *Global Strategy to Reduce the Harmful Use of Alcohol, 2010.* Geneva: WHO.

An information campaign may be considered in addition to other measures. The population should know about and understand harmful alcohol use and health risks. However, such a campaign would be ineffective in isolation. A recent study noted that 'a population-based mass media campaign can reach the target audience and raise awareness of the links between alcohol and cancer, and knowledge of drinking guidelines. However, a single campaign may be insufficient to measurably curb drinking behaviour in a culture where pro-alcohol norms and product marketing are pervasive[11].'

In addition, such campaigns are costly, have limited penetration and need to be sustained over a long period of time. It is also unlikely that the resources available to the health sector for such campaigns, would match those available to the drinks/retail industry over a substantial period of time.

An awareness campaign in conjunction with the introduction of legislation would, however, be beneficial in reinforcing the key public health messages in relation to the harms caused by the misuse of alcohol. Such a campaign is indeed planned and due to be launched by the Health Service Executive (HSE) in the New Year.

The "Awareness/Information/Social Marketing Campaign" option as a stand-alone campaign it is discounted on the basis that it would be extremely costly to maintain over a prolonged period of time and, as the evidence indicates, it would not reduce alcohol related harm.

(c) Voluntary/Self-Regulation

While a number of voluntary codes on alcohol currently exist (Alcohol Marketing, Communications and Sponsorship Codes of Practice, Code of Standards for Advertising and Marketing Communications in Ireland ASA, Responsible Retailing of Alcohol Code, etc.), they have, so far, been unable to reduce alcohol related harms.

An evaluation of existing alcohol marketing regulations in 21 European countries found that the strongest restrictions often go hand in hand with good supporting systems. Overall, it was found that existing self-regulations are not able to put these elements into place[12]. Similarly, an analysis of self-regulation by the alcohol industry in the UK concluded that it was not an effective driver of change towards good practice[13]. Overall there is no evidence to support the effectiveness of industry self-regulatory codes, either as a means of limiting advertisements deemed unacceptable

[11] Dixon, H. *et al*, (2015) "Using a mass media campaign to raise women's awareness of the link between alcohol and cancer: cross-sectional pre-intervention and post-intervention evaluation surveys" *BMJ Open*. *BMJ Open 2015*;**5**:e006511 doi:10.1136/bmjopen-2014-006511

[12] EUCAM (2011) *Alcohol Marketing Regulation in Europe: How effective are they? European Centre for Monitoring Alcohol Marketing*. http://eucam.info/wp-content/uploads/2014/05/fs-20110615-effectiveness-regulations_online.pdf

[13] KPMG (2008) *Review of the social responsibility standards for the production and sale of alcohol drinks. Volume 1*. Http://drugs.homeoffice.gov.uk

or as a way of limiting alcohol consumption[14]. A number of independent studies support the view that self-regulation is not a suitable regulatory mechanism to protect children effectively from the harmful consequences that the marketing of high fat/sugar/sweetened food and alcoholic beverages causes to their health[15].

The World Health Organisation also stated that statutory regulation of commercial communications seems to be more effective than self-regulation in limiting appropriate exposure of commercial communications of alcohol products to children and young people[16].

The "Voluntary/Self-Regulation" option was discounted on the basis that evidence indicates such codes are ineffective as a means of limiting alcohol consumption.

(d) Seek Higher Taxes on all Alcohol Products

There is strong international evidence to demonstrate that the level of alcohol consumption at a population level is closely associated with the price/affordability of alcohol. The price of alcohol is directly linked to consumption levels and levels of alcohol related harms and costs. The World Health Organisation has noted that there is "indisputable evidence that the price of alcohol matters. If the price of alcohol goes up, alcohol-related harm goes down" [17].

The *Steering Group Report on a National Substance Misuse Strategy*, 2012 recommends that the relative price of alcohol should be maintained at a high level to ensure alcohol becomes less affordable over the medium term. This can be done by increasing excise duties and further increasing excise rates for higher alcohol content products.

However, there is evidence that across-the-board taxation increases do not have a targeted effect on the consumption of alcohol by those most at risk of alcohol-related harm. The University of Sheffield estimated that, in Ireland, the introduction of a 10% increase on the price of alcohol across all types of alcohol (cheap and expensive) would affect consumption by low-risk, increasing-risk and high-risk drinkers more or less equally[18]. Moreover, the impact on health outcomes, crime, and workplace absence would be smaller than with a targeted approach set at an appropriate rate.

On the other hand, harmful and hazardous drinkers (irrespective of their income) consume a disproportionate amount of cheap alcohol, which is predominantly sold in

[14] Booth A, *et al*. (2009) *Independent Review of the Effects of Alcohol Pricing and Promotion. Part A: Systematic Reviews.* Sheffield*:* School of Health and Related Research, University of Sheffield.
[15] Alemanno, A. and Garde, A. (eds) (2015) *Regulating Lifestyle Risks: The EU, Alcohol, Tobacco and Unhealthy Diets*. Cambridge: Cambridge University Press.
[16] WHO (2009) *Evidence and Cost-effectiveness of Interventions to Reduce Alcohol-Related Harm*. Geneva: WHO Regional Office for Europe.
[17] WHO (2009) *Evidence for the Effectiveness and Cost-Effectiveness of Interventions to Reduce Alcohol-Related Harm*. Generva: WHO Regional Office for Europe.
[18] Angus, C. *et al* (2014) *Model-based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland 2013* http://health.gov.ie/blog/publications/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-the-republic-of-ireland/

off-licenced premises (supermarkets, convenience stores, etc). Further increases in excise rates would affect moderate drinkers disproportionately and would equally affect the operating costs of the on-trade (pubs, restaurants, etc.) when the problem lies mainly with the off-trade.

There is also a risk that tax increases would not be passed on to the consumer in full. There is evidence that increases in taxes are not necessarily passed on in full to consumers[19]. Moreover, as regards excise, excise rates are currently regulated by European Directives. These do not currently take into account the strength of the drink and excise is therefore less effective in targeting products that are cheap relative to their strength.

Mixed trade outlets in particular continue to sell alcohol products at below cost prices (at an estimated cost to the Exchequer of €21m in reclaimed VAT) and it is likely that this practice would continue if excise rates were increased – exacerbating the differential between on trade and off trade prices.

The introduction of higher excise rates together with legislation for a Minimum Price of Alcohol (see below) would have a positive effect on reducing overall alcohol consumption levels.

The "Higher Taxes" option <u>on its own</u> was discounted on the basis that increases in excise rates would render premium and higher-priced alcohol more expensive, which would not achieve the objective of targeting hazardous and harmful drinkers.

(e) Legislate for the implementation of recommendations contained in the NSMS as per Government Decision (S180/20/10/1801)

As indicated earlier, the Government approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health (Alcohol) Bill. These measures are based on the recommendations contained in the *Steering Group Report on a National Substance Misuse Strategy*, 2012.

The package of measures to be implemented through the Public Health (Alcohol) Bill includes provisions for the measures below and broadly reflect the recommendations in the *Strategy* that focus on supply.

- minimum unit pricing
- health labelling of alcohol products
- the regulation of advertising and marketing of alcohol
- the regulation of sports sponsorship
- structural separation and
- the regulation of promotions that incentivise alcohol consumption

[19] Rabinovich, L. *et al.* (2012) *Further study on the affordability of alcoholic beverages in the EU*. Cambridge: RAND Europe. http://ec.europa.eu/health/alcohol/docs/alcohol_rand_2012.pdf

The introduction of legislation will send a strong message to the drinks/retail industries and to the public that the Government is intent on reducing alcohol related harm. More importantly, it will protect public health and, in time, will reduce alcohol consumption per capita. It will also lead to a reduction in alcohol related harm in society with a consequential reduction in costs to the Exchequer.

This is the recommended option.

4. Evaluation of Options

Analysis of the Costs, Benefits and Impacts of each Option (a – e)

Option (a) - Do Nothing – No Policy Change

As previously mentioned, Ireland's alcohol consumption remains in the top 5 among EU28 Member States and the WHO European Region has the highest consumption in the world. In addition, Ireland was second in the Region in relation to binge drinking with 39% of the population misusing alcohol in this manner at least monthly[20]. The level and pattern of alcohol consumption result in a range of personal, social, economic and medical harms which cost the Exchequer €2.36 billion in 2013. (Appendix D). There is a risk that these costs will continue if the no policy change option is agreed.

The economic benefits of the alcohol industry

The National Substance Misuse Strategy Steering Group referred to the economic benefits of the alcohol industry. According to the Alcohol Beverage Federation of Ireland the alcohol industry provided an estimated 63,000 full or part time direct jobs in 2013. This includes, approximately 3,800 jobs in beverages manufacturing, 52,000 persons in the on-licence sector (including pubs, hotels and other bars), and approximately 7,000 jobs in off-licences and wholesalers. ABFI note that the alcohol industry provided an estimated €2.142 billion to the Exchequer in 2013. (www.abfi.ie).

Pubs in Ireland are deemed to be an important component of the Irish tourism industry. Recent years have seen a dramatic shift from alcohol sales in pubs towards sales in the off-trade sector. Between 1998 and 2010 there was a 161% increase in the number of full of off-licences, while pub licences decreased by 19% over the same period. From 2010 to 2013, the number of pub licences has remained the same (8,393 in 2010 and 8,402 in 2013) while the number of full off-licences has increased a further 14% (1,537 in 2010 and 1,746 in 2013). (www.revenue.ie) Public house employment has declined 6% from 54,000 persons in 2009 to 50,700 in 2011 (www.abfi.ie). Some of the measures proposed under Option E will if implemented decrease the differential between the on and off trade and may attract customers back to the on trade.

[20] As previously mentioned, Ireland also came fourth for alcohol consumption, after Estonia, Austria and France, according to the OECD Report on *Tackling Harmful Alcohol Use* (2015: pg. 42).

Exchequer Costs
No additional costs arise for the Exchequer with this option. However, the Exchequer will continue to absorb the cost of alcohol related harm (€2.36 billion in 2013) and there is a risk that these costs will continue if increased consumption trends are not addressed.

Industry/Retail/Consumer Costs
There are no additional costs for the drinks industry, retail trade or the consumer associated with the "do nothing" option.

Option (b) - Awareness/Information/Social Marketing Campaigns

Exchequer Costs
These campaigns usually consist of Public Relations and Advertising components and possibly help lines. Costs arising for the Exchequer are those administrative costs associated with the procurement process to acquire a PR and/or Advertising Company to create, develop, produce and direct the campaign. Other administrative costs arise for official engagement with the successful company during each of the above phases of the campaign.

The substantive cost is the overall campaign budget which is dependent on the amount of media penetration required. A typical spend would be of the order of €5m per annum over an initial 3 year period.

However, evidence has shown that such campaigns alone have little effect on changing behaviour. They are most successful when accompanied by penalties and/or disincentives.

Industry/Retail/Consumer
There will be no additional costs for alcohol, retail trade or the consumer associated with Option (b).

Option (c) - Voluntary/Self-Regulation

Exchequer Costs
There will be no additional costs to the Exchequer except those arising from official engagement with the various trade representatives to discuss/approve and implement the code. Other Exchequer costs may arise if the State was responsible for overseeing enforcement and compliance measures. The costs of monitoring the existing costs are in the order of approximately €50,000.

Industry/Retail/Consumer
It is likely that some costs would accrue to the Drinks Industry, the retail trade and the advertising industry in drafting a strengthened code and gaining comprehensive support for its implementation.

There will be no cost to the consumer.

However, current evidence indicates that Voluntary/Self-Regulation has little or no impact on consumer consumption trends.

Option (d) – Seek Higher Taxes on Alcohol Products.

Exchequer Costs
Mixed trade outlets could continue to sell alcohol at below cost prices as a 'loss leader'. Retailer could continue to claim VAT refunds from the Exchequer, as a result of this practice.

Industry/Retail/Consumer Costs
Previous experience suggests that higher taxes do not prevent below cost selling of alcohol particularly in mixed trade outlets. This in turn would exacerbate the differential between the on and off trade margins. Further, the University of Sheffield study noted that a ban on below cost selling (i.e. below the cost of duty and Value Added Tax) would have a negligible impact on alcohol consumption or related harms.

It is likely that any increase in excise duty would, in most cases, be passed on to the consumer, at least in part.

Option (e) -- Legislate for the implementation of recommendations contained in the NSMS as per Government Decision (S180/20/10/1801)

The introduction of legislation will send a strong message to the drinks/retail industries and to the public that the Government is intent on reducing alcohol related harm. More importantly, it will protect public health and in time, will reduce alcohol consumption at a population/individual level. It will also lead to a reduction in alcohol related harm in society with a consequential reduction in costs to the Exchequer.

Legislation is significantly more effective than other measures in ensuring the combination between strong restrictions and an effective enforcement system.

(i) Minimum price of alcohol

In order to tackle the very low cost at which alcohol is sold in the off-trade sector (particularly in supermarkets), the National Substance Misuse Strategy Steering Group recommended the introduction of a minimum pricing regime on alcohol products (MUP). Such a regime would require that a minimum price be set for alcoholic drinks based on the number of grams of alcohol in the drink, and alcohol could not be sold below this price.

A minimum pricing policy for alcohol would help to reduce consumption of alcohol in Ireland but especially with helping to reduce consumption of alcohol by those who drink in a harmful and hazardous way. It would also have a greater impact on discouraging children and young people to drink, as they are price sensitive. MUP is a targeted measure, aimed at those who drink in a harmful and hazardous manner and designed to prevent the sale of alcohol at very cheap prices. MUP is able to target

cheaper alcohol relative to its strength because the minimum price is determined by and is directly proportional to the amount of pure alcohol in the drink. Alcohol products which are cheap and strong are those favoured by the heaviest drinkers, who are most at risk of alcohol-related illness and death and young people who have the least disposable income. A recent report noted that in Ireland high risk drinkers purchase significantly more of their alcohol below 90c MUP than low risk drinkers (55% v 34% for those below the poverty line and 42% v 29% for those above the poverty line)[21].

CJP Consultants were commissioned by the Department of Health to examine the following price control measures: minimum unit pricing; the reintroduction of a ban on below cost selling; making the sales price of alcohol cover at least VAT plus excise; and excise fiscal measures[22]. The report concluded that:

- Minimum Unit Pricing looks like the best policy option
- Would prove very beneficial as a public health measure
- Would need to be accompanied by other measures to make it most effective in switching consumption from high alcohol content drinks to lower content alcohol drinks

In 2013, the Department of Health, in conjunction with Northern Ireland, commissioned the Sheffield Alcohol Research Group (SARG) at the University of Sheffield to conduct a health impact assessment as part of the process of developing a legislative basis for minimum unit pricing. The health impact assessment studied the impact of different minimum prices on a range of areas such as health, crime and likely economic impact. It also compared minimum unit pricing to other pricing policies. The University of Sheffield reported that the introduction of minimum unit pricing policies in Ireland would be effective in reducing alcohol consumption, alcohol-related harms (including alcohol-related deaths, hospitalisations, crimes and workplace absences) and the costs associated with those harms[23].

The intention is therefore to introduce legislation to include a minimum price per unit of alcohol below which alcohol could not be sold in Ireland. The minimum unit price will be based on grams of pure alcohol. Minimum Pricing is calculated as follows:

Minimum Unit = 10 grams
Minimum Unit Price = (x for 1 gram of alcohol) x (Number of Grams) = Minimum Price

[21] Angus, C. *et* al 2014 *Model-based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland 2013* http://health.gov.ie/blog/publications/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-the-republic-of-ireland/
[22] Power, J. and Johns, C. 2013 *The Efficacy of Minimum Unit Pricing, Fiscal and Other Pricing Public Policies for Alcohol*. Dublin: CJP Consulting. http://health.gov.ie/blog/publications/the-efficacy-of-minimum-unit-pricing-fiscal-and-other-pricing-public-policies-for-alcohol/
[23] Angus, C. *et* al 2014 *Model-based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland 2013* http://health.gov.ie/blog/publications/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-the-republic-of-ireland/

The formula for calculating the minimum price will apply to all products equally regardless of whether the products are domestically produced or imported. The minimum price will apply to all on and off trade sales of alcohol.

Impact of the MUP
The Irish adaptation of the Sheffield Alcohol Policy Model, as reported in *The University of Sheffield, Model-Based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland, 2013* (2014), indicates that:

- Minimum Unit Pricing policies would be effective in reducing alcohol consumption, alcohol harms (including alcohol-related deaths, hospitalisations, crimes and workplace absences) and the costs associated with those harms;
- MUP would only have a small impact on alcohol consumption for low risk drinkers. Somewhat larger impacts would be experienced by increasing risk drinkers, with the most substantial impacts being experienced by high risk drinkers.

Having examined the health impact assessment, and cognisant of cross border trade, the Minister has now set the minimum price per gram of alcohol at 10 cent. This price may be amended by a Ministerial order whereby the Minister would be required to consider a set of criteria set out in the Bill to capture the effect of MUP on consumption and alcohol-related harms.

Industry/Retail/Consumer
The University of Sheffield study estimated the effect a range of MUP, and other price policies,) would have on different categories of drinkers (i.e. low risk, increasing risk and high risk). For a 10c MUP, high risk drinkers are estimated to reduce consumption by 15.1%, increasing risk drinkers by 7.2% and low risk drinkers by 3.1% (see Figure 1 in Appendix E).

The study indicated that a minimum price of 10 cent per gram will lead to an overall increase of 11.1% in the price of alcohol, with an increase of 29% in the off-trade and 0.2% in the on-trade. This in turn, would lead to an overall decrease in consumption of 8.8%, with a decrease of 19.6% in the off-trade and an increase of 0.3% in the on-trade respectively (see Table 2 in Appendix E). There are costs for retailers and off licence sales associated with the introduction of the MUP such as changing prices, bar codes etc. However, retailers and off licences have systems in place for routinely performing this function.

For a 10c MUP, the estimated per drinker change in alcohol expenditure for the overall population is 1.3%. In absolute terms this equates to an average increase of €15.70 per year (30c per week). As this is a targeted pricing policy, high-risk drinkers will save €106.60 (-2.1% and -€2.05 per week) each year as a result of an MUP policy while increasing-risk drinkers will spend an extra €25.40 (1.1%) per year (49c per week) on alcohol and low-risk drinkers will spend an additional €24.20 (4.8%) per year (46c per week) (see Figure 2 in Appendix E).

These statistics accentuate the very targeted nature of MUP, which will only have a small impact on low risk drinkers in terms of consumption. Somewhat larger impacts

would be experienced by increasing risk drinkers, with the most substantial effects being experienced by high risk drinkers. While the impact on low risk drinkers is proportionally higher in terms of expenditure than for other drinkers, it is the smallest in absolute terms.

The results also show that the alcohol products most affected by this policy are those that are currently being sold very cheaply, often below cost prices, in the off-trade (See Table 3 in Appendix E).

Revenue to retailers is estimated to increase for all levels of MUP with the majority of this accruing in the off-trade. MUP is not expected to affect the price of alcohol in the on-trade. There are costs for retailers and off licence sales associated with the introduction of the MUP such as changing prices, bar codes etc. However, most retailers and off-licences have systems in place for routinely performing this function.

Exchequer Costs

While the cost in euro for the population will be small, this MUP will lead to substantial health, social and economic gains. The study by the University of Sheffield has estimated at €1.7 bn savings will be accrued cumulatively over a 20-year-period. This figure includes reduced direct healthcare costs, savings from reduced crime and policing, savings from reduced workplace absence and a financial valuation of the health benefits measured in terms of quality-adjusted life years.

Under all modelled policies the estimated revenue to the exchequer (from duty and VAT receipts) is estimated to decrease somewhat, with a 2.1% reduction (equivalent to €34.3m) for a 10c MUP policy. Of note, the National Off-Licence Association (NOFFLA) estimate that €24m VAT was reclaimed in 2013 when alcohol was sold as a loss leader, so this indicates that the loss to revenue will be around €10.3m as it will not be possible for retailers to sell alcohol below the invoice cost. This reduction will be offset by a €65.1m gain to society in year 1 giving a net saving of €54.8m, and a cumulative €1.7bn over 20 years. The Minister for Finance could also increase excise duty to compensate for any loss. Viable options for redirecting profits to industry/retailers from MUP back to the Exchequer are being discussed with the Department of Finance.

Cross-border Trading

Concerns have been raised that the introduction of Minimum Unit Pricing will result in a rise in cross border shopping and a subsequent loss of revenue to retailers and a reduction in VAT and Excise returns to the Exchequer. The University of Sheffield carried out an analysis of current data available on this issue as part of their report. They concluded that the fact that alcohol represents a relatively small percentage of total spend on cross-border trips (12%) suggests that it may not be the principal motivation for most of these trips[24]. In addition, anecdotal evidence has shown that, due to the weakening of the euro against the sterling, this trade has now reduced and there are indications of cross-border trade in the opposite direction[25].

[24] Angus, C. *et* al 2014 *Model-based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland 2013* http://health.gov.ie/blog/publications/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-the-republic-of-ireland/

[25] http://www.bbc.com/news/uk-northern-ireland-31771046 and http://dundalkonline.net/weakening-euro-benefits-trade-in-dundalk/

The Government decision from October 2013 indicted the need to 'act simultaneously' with Northern Ireland 'to allay concerns about negative impacts of cross-border trading'. The Minister for Health in Northern Ireland previously announced plans to introduce minimum unit pricing for alcohol. A policy paper and public consultation has been prepared. The Department is in contact with our counterparts in the Department of Health, Social Services and Public Safety on the matter.

European Court of Justice - Advocate General Opinion
The opinion of the Advocate General of the European Court of Justice on the Scottish case of MUP for alcohol products was published on the 3rd September 2015. The opinion indicates that minimum unit pricing may be compatible with European Law if it can be shown to be more effective than other alternative measures. The Department of Health is examining the opinion and its implications and will wait for the final judgement of the Court which is expected towards the end of the year.

(ii) Health Labelling of Alcohol Products

The NSMS recommended that "labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol including during pregnancy" (pg. 22).

The World Health Organisation *European Action Plan to Reduce the Harmful Use of Alcohol (2012-2020)*[26] recommends that measures are taken to introduce a series of warning or information on labels on all alcoholic beverage containers. The Plan further recommends that the focus of such messages might be to address issues of immediate concern such as drinking during pregnancy (pg. 27).

In addition, the *EU Action Plan on Youth Drinking and Heavy Episodic Drinking (2014-2016)*[27] also points to the importance of health labelling of alcohol products:

Research indicates that accurate information on the alcohol content of specific beverages is essential to promote drinker's tracking of alcohol intake. However, 'standard drink' or units are widely misunderstood by the general public[28]. A survey conducted in 2012 on behalf of the Health Research Board, indicated that very few people understand what a standard drink is. However, the majority supported labelling alcohol containers to include calories (82%), alcoholic strength (98%),

[26] http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2012/european-action-plan-to-reduce-the-harmful-use-of-alcohol-20122021
[27] http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf
[28] Kerr, W. and Stockwell, T. (2012) "Understanding standard drinks and drinking guidelines, Drug and Alcohol Review", *Drug and Alcohol Review*, 31: 200–205. doi: 10.1111/j.1465-3362.2011.00374.

ingredients (91%) and health warnings (95%)[29]. Many studies show a greater awareness among consumers of the risks highlighted in warnings[30].

Previous guidelines on low risk alcohol consumption were based on "typical" or "standard drink" and the "units of alcohol" contained in each drink. However, a HSE report on the standard drink in Ireland shows the range of alcohol products available and the difficulty for drinkers in determining the amount of alcohol consumed[31].

The Public Health (Alcohol) Bill provides that labels on alcohol products will contain:

- Health warnings (including for pregnancy)
- The amount of pure alcohol as measured in grams
- The calorie count
- Details of a public health website to be established by the HSE

Consumers at 'all points of sale' will receive warning and obtain relevant information on grams and calories before they purchase the product. It is therefore proposed that both on and off-licences will display a notice with health warnings and indicating that grams and calories can be found on containers.

To ensure that the most suitable health warnings are chosen under the legislation, the Department of Health has commissioned research to further inform health labelling to ensure clarity and efficacy of message. The aim of this study is to identify the most effective and reliable information to be included on the labels. The draft Bill provides for the Minister to prescribe the form of the warnings by means of regulation.

Finally, the Department of Health conducted a consultation in the summer with the alcohol industry and other relevant stakeholders on appropriate transitional times for the labelling requirements. There was a general consensus that a three-year transitional period would be sufficient and in line with current transitional frameworks in relation to the provision on labelling information on food under the Food Information for Consumers Regulation 1169/2011.

Costs to Industry

The inclusion of health warnings and calorific content on the labels of, and advertising materials for, all alcohol products will result in higher costs for manufacturers/producers of alcohol products. It is possible that these costs will be transferred to retailers and/or consumers. If the measure results in higher prices for alcohol products, this will result in reduced consumption with possible lower returns to the Exchequer. However, reduced consumption would lead to a marked decrease in the cost of alcohol related harm.

---

[29] Ipsos MRBI (2012) *Alcohol: Public Knowledge, Attitudes and Behaviours Report*. Dublin: Ipsos MRBI.http://www.drugs.ie/resourcesfiles/reports/Alcohol_Public_Knowledge_Attitudes_and_Behaviours_Report.pdf

[30] Stockwell, T. (2006) *A Review of Research into the impacts of Alcohol Warning Labels on attitudes and behaviour.* Victoria, Canada: Centre for Addiction Research of BC University of Victoria British Columbia.

[31] Hope, A (2009) *A Standard Drink in Ireland: What strength?* Health Service Executive – Alcohol Implementation Group. http://www.hse.ie/eng/services/Publications/topics/alcohol/standarddrink.html

Health warnings on alcohol products and promotional materials are already in place in France, and other countries have introduced them on a voluntary basis or plan to introduce them shortly. There is also increasing pressure at EU level to include alcohol products in existing labelling provisions[32]. Therefore, these measures may eventually put manufacturers/producers that operate in the Irish market at a competitive advantage.

Exchequer Costs
There are no costs to the exchequer aside from those required for the enforcement of legislation.

(iii) Regulation and Marketing of Alcohol

A voluntary Code of Practice on the placement of alcohol advertising which was agreed between the alcohol industry, the advertising industry and the Department of Health restricts the volume and placement of all alcohol advertisements in the media. The Code was agreed for the purposes of reducing the exposure of children and young adults to alcohol advertising. There is a compelling body of research evidence which shows that exposure to alcohol marketing, whether it is on TV, in movies, in public places or alcohol branded sponsorship, predicts future youth drinking[33].

Numerous longitudinal studies have found that young people who are exposed to alcohol marketing are more likely to start drinking, or if already drinking, to drink more[34] [35]. The AMMIE project (Alcohol marketing monitoring in Europe) monitored alcohol advertising practices and marketing activities and found that minors are exposed to large volumes of alcohol advertising and self-regulation is not able to protect young people from exposure to large volumes of alcohol marketing and appealing alcohol advertising[36].

As already indicated, the World Health Organisation also stated that statutory regulation of commercial communications seems to be more effective than self-

[32] For example in the CNAPA Scoping Paper for a New EU Strategy (http://ec.europa.eu/health/alcohol/docs/eu_scoping_paper_cnapa_en.pdf) and the EU Parliament European Parliament Resolution on 29th April 2015 calling for a new Alcohol Strategy (http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P8-TA-2015-0174+0+DOC+XML+V0//EN) emphasising the importance of better labelling of alcoholic drinks including ingredients and nutritional information with special focus on calories, and the need to raise awareness across the EU of the dangers of drinking during pregnancy.
[33] Hope, A. (2014*) Alcohol Literature Review.* Unpublished.
[34] Scientific Opinion of the Science Group of the European Alcohol and Health Forum (2009) *Does Marketing Communication Impact on the Volume and Patterns of Consumption of Alcoholic Beverages, Especially by Young People*.
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/science_o01_en.pdf
[35] Anderson, P. *et* al (2009) "*Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies" Alcohol & Alcoholism* Vol. 44, No. 3, pp. 229–243, 2009. http://alcalc.oxfordjournals.org/content/alcalc/44/3/229.full.pdf
[36] De Bruijn, A. *et al.* (2012) *Commercial Promotion of Drinking in Europe, Key Findings of Independent Monitoring of Alcohol Marketing in Five European Countries.*
http://www.drugsandalcohol.ie/17449/1/ammie-eu-rapport_final.pdf

regulation in limiting appropriate exposure of commercial communications of alcohol products to children and young people[37].

In line with the recommendations in the *Steering Group Report on a National Substance Misuse Strategy*, 2012, it is proposed to regulate the marketing and advertising of alcohol products and, specifically, to:

- limit marketing and advertising of alcohol on television and radio to evening hours
- limit marketing and advertising of alcohol in cinemas to films classified as over 18s
- restrict marketing and advertising of alcohol in outdoor media in relation to volume and location
- restrict marketing and advertising of alcohol in print media in relation to volume and type of publication
- regulate sponsorship by alcohol companies in relation to inter alia, events, volume and placement
- set limits on how alcohol is portrayed in advertisements.

Under the General Scheme, it was proposed that the regulation of marketing and advertising of alcohol products would be done by way of regulation. However, advice received from the AGO suggested that the regulation making power would be too wide and would give the Minister for Health too much discretion, potentially leaving the provisions open to constitutional challenge. Consequently, it was agreed that the advertising of alcohol products will be regulated by means of primary legislation.

(iii)(a) Regulate sponsorship of sports events by alcohol companies
The public health concerns associated with the sponsorship of sporting events by alcohol companies is recognised. There is also a cognisance of the financial contribution that the drinks industry makes to sport and the significant social, economic and health benefits that accrue from sport.

Government Decision (S180/20/10/1801) provided that a working group, to be chaired by the Department of the Taoiseach would consider the value, evidence, feasibility and implications (including the public health consequences for children and young people and the financial impact on sporting organisations) of regulating sponsorship by alcohol companies of major sporting events, and that the group would also consider alternative sources of funding for sporting organisations to replace potential lost revenue arising from any such regulation.

Following bi-lateral discussions with the Department of Transport, Tourism and Sport, on foot of the discussion at the Cabinet Committee on Social Policy and recognising the recommendations of the Working Group on Sports Sponsorship the Bill implements the existing *Code of Practice for Sponsorships by Drinks Companies* as far as possible and provides for enforcement powers and penalties.

[37]WHO (2009) *Evidence for the Effectiveness and Cost-Effectiveness of Interventions to Reduce Alcohol-Related Harm*. Geneva: WHO Regional Office for Europe.

Cost to Industry

The measures provided for in the General Scheme of the Public Health (Alcohol) Bill will impact to varying degrees on stakeholders. TV/Radio companies may experience some decrease in advertising revenue from the alcohol industry if an evening watershed is introduced. An evening watershed can only apply to programmes broadcast from Ireland and it is possible that its introduction may result in a transfer of revenues to non-state broadcasts. However, TV audience profile figures indicate that in 2012 Irish channels had a 46.5% share of viewing in Ireland with the remainder spread across a multitude of foreign channels[38]. The report also notes that across all demographics the top 50 shows were predominantly watched on Irish channels. It is improbable that advertisers will leave the Irish market entirely by switching to non-terrestrial channels. Finally, currently advertising by alcohol companies represents only 5% of overall spend on advertising on TV[39], therefore any spending reduction is unlikely to have a significant impact on revenue streams for broadcasters.

The Outdoor Media Association[40] has previously provided an estimate of the adverse impact of restrictions of outdoor advertising of alcohol. The industry employs almost 500 people directly and claims that restrictions on outdoor advertising of alcohol products would constitute a significant threat to current employment in the industry. Recent data indicated that advertising through outdoor media has increased from 2014 (€92m) to 2015 (€99m[41]). However, expenditure by alcohol companies represents only 11% of overall spend. In 2010, the OMA estimated that income form alcohol advertising amounted to 17% of total revenue. Therefore while the expenditure on outdoor advertising seems to be increasing the percentage of revenue arising from alcohol specific ads seems to be decreasing, giving indications that other category products are increasingly using this medium.

While restrictions on Outdoor Advertising may lead to a loss of revenue and consequently job losses, this analysis does not also take account that the number of hoardings/outlets for such advertisements is limited and that the industry will have time and opportunity to procure alternative contracts for their advertising space.

The current code on the advertising of alcohol products in cinemas are based on audience profiling for each individual film and restrict such advertisements to films where 25% of the audience are under 18 years of age. The proposal to extend the ban on alcohol advertisements to films with an 18 certificate will result in lost revenues to cinemas. This is assuming that alternative contracts cannot be procured.

In relation to advertisements of alcohol products in the print media, there is already very low volume of alcohol advertising in the regional press and magazine sector[42]. According to recent data, alcohol product constitute only 0.6% of overall advertising

[38] Nielsen (2013) *The TV Consumption Report.*
[39] Carat Ireland (2015) (unpublished).
[40] OMA is a representative body for three outdoor advertising companies in Ireland's and they claim that its members account for 90% of mainstream outdoor advertising according.
[41] This figure covers a twelve month period from August 2014 to July 2015(Carat Ireland, 2015).
[42] Alcohol Marketing Communications Monitoring Body (2013) *Limiting the Exposure of Young People to Marketing Advertising. Seventh Annual Report 2012.* http://www.asai.ie/wp-content/uploads/2015/02/AMCMB-Annual-Report-2012.pdf

spend in press[43]. Thus, the restrictions proposed should not impose too much of a loss for the sector. However

Concerns have been raised that no exemption has been provided for foreign publications which will be required to adhere to the advertising regulations if they are selling their publications in Ireland. The evidence available suggests that, in general, the circulation of foreign magazines is such that an exemption would undermine the robustness of the provisions. It would also have been unfair to provide exemptions for foreign publications with significant circulation in Ireland while requiring domestic publications with much smaller circulation to abide with the provisions. In light of the small amount of alcohol advertising currently present in the print media, the Department believes that restrictions can be justified on the grounds of the protection of children and public health.

The manner in which alcohol is currently portrayed in advertisements is prescribed in a number of voluntary codes of practice. As the content of advertisements will now be regulated, it is not clear at this stage, what the financial or employment implications may be.

The overall impact of these measures for the advertising industry is difficult to assess. In 2009, it is estimated that the advertising industry supported 3,700 direct full time employees with an additional 6,155 full time employees supported through indirect and induced activities bringing the total employment supported to over 9,800 persons. Tax revenue from the sector in 2009 is estimated at approximately €158m[44]. Recent data show that the total advertising spend for the past year is in the order of €854m with alcohol products accounting for 3.4% of that figure, well behind financial products, entertainment and automotive category products[45].

The Department is cognisant of the fact that other products took over the share of advertising previously occupied by tobacco products, when the advertising of these products was banned and are optimistic that the advertising industry will find other revenue streams to replace alcohol products.

A detailed analysis of the implications of regulating sport sponsorship is presented in the *Report on Regulating Sponsorship by Alcohol Companies of Major Sporting Events*[46].

Exchequer Costs
There are no costs to the exchequer aside from those required for the enforcement of legislation.

[43] Carat Ireland (2015) (unpublished).
[44] Association of Advertisers in Ireland (2012) *The Economic Impact of Advertising in Ireland.* http://www.aai.ie/resources/uploads/AECOM_Report_2012.pdf
[45] Carat Ireland 2015 (unpublished).
[46] http://www.taoiseach.gov.ie/eng/Work_Of_The_Department/Social_Policy_and_Public_Service_Reform/Report_of_the_Working_Group_on_Regulating_Sponsorship_by_Alcohol_Companies_of_Major_Sporting_Events.pdf

(iv) Structural separation of alcohol products from other beverages and food products in mixed trading outlets

The general availability of alcohol is an important indicator when assessing alcohol related harm. Alcohol is not an ordinary consumer product and this is recognised by the State through a licensing system and a specific excise tax. However, when it comes to mixed retail outlets, e.g. supermarkets and convenience stores, it is frequently displayed like a regular grocery item. The regulation of the way it is displayed for sale it is an important mechanism to highlight the harm it can cause and protect children from overexposure.

The Department of Justice and Equality Intoxicating Liquor Act 2008 (Section 9) provided that all alcohol products sold in supermarkets, convenience stores and similar outlets (mixed trading premises) be displayed and sold in a structurally separated part of the premises i.e. a separate area of the premises to which access is controlled. The aim was to tackle the increased visibility of alcohol products in such outlets. Section 9 has not been commenced to date and the *Steering Group Report on a National Substance Misuse Strategy, 2012* recommended that it would be commenced.

Structural separation as envisaged under Section 9 on the Intoxicating Liquor Act, 2008 would achieve the following objectives:

- access to alcohol products would be controlled in premises to which it applies;
- alcohol products could not be displayed near grocery products, thereby discouraging the purchase of alcohol products as part of everyday household grocery shopping;
- separate display of alcohol products would make them less visible to children.

Commencement of these provisions was deferred subject to achieving compliance with a Code of Practice on the Sale and Display of Alcohol in Mixed Trading Premises. A new body, Responsible Retailing of Alcohol in Ireland Ltd (RRAI), was established by the mixed trading sector to oversee implementation of the Code. In 2011, the Minister for Justice and Equality launched a consultation process on the effectiveness of the voluntary approach to implementing structural separation. This consultation highlighted weaknesses in the current Code and that sanctions for non-compliance were weak.

Following lengthy discussions, the Government approved a package of measures to address alcohol misuse including provisions for structural separation. A 3-step approach to provide for the structured separation of alcohol from other products in mixed trading outlets was agreed. This involved replacing the current voluntary code with a statutory code under Section 17 of the Civil Law (Miscellaneous Provisions) Act 2011 and after 2 years both Departments would review its effectiveness in achieving the policy objectives of Section 9 of the Intoxicating Liquor Act 2008.

However, legal difficulties were identified in relation to the enforcement of the proposed statutory code on structural separation. Following meetings between the Minister for Justice and Equality and the Minister for Health it has been agreed that the draft Public Health (Alcohol) Bill will provide for the structural separation of

alcohol products from other beverages and food products in mixed trading outlets along the lines of section 9 of the Intoxicating Liquor Act 2008.

Under the draft Bill, a premises which sells alcohol products will be required to separate the alcohol from 'ordinary' or every day products. This separation can be achieved by:

- confining the sale of alcohol to a single area in the premises which is separated, through which alcohol products are not visible, and to which customers do not have to pass through to buy "ordinary" products; or
- a closed storage unit(s) which contains only alcohol products .

Separately or in conjunction with the two options above, alcohol products can also be stored behind a check-out point. This is in line with current safety precautions used in many retail outlets. Alcohol products will need to be concealed to reduce visibility in line with the policy objective.

From a policy perspective the key is that alcohol products will no longer be displayed like 'every day', 'ordinary' products. The physical separation will set them apart from other goods in one form or another. These types of provisions can be easily monitored and enforced by Environmental Health Officers (EHOs).

The principles and policies have already undergone legislative scrutiny as the Intoxicating Liquor Act was enacted in 2008, and therefore are not analysed in this document.

Cost to Industry
There may be a significant one off cost to the retail trade in order to comply with this provision. In terms of the option availed of by the retailer, it is likely that the size of the store will determine the option selected to implement physical separation. For example, it is probably going to be more cost effective for a big store wishing to display large amounts of alcohol, especially in the form of boxes or slabs, to set out a separate area.

On the other hand, smaller stores may wish to opt for the less onerous separation provisions of a cabinet. A loss of revenue may also be encountered by the retail trade as point of sale advertising of alcohol products will now be confined to the designated display area or if the storage cabinet is the preferred option alcohol advertising must not be visible from the outside of the storage container. However, it is over six years since the point of sale ban was introduced in relation to tobacco products and shops were able to source alternative streams of advertising following the ban.

The introduction of other measures to provide for structural separation and achieve the policy objectives of Section 9 of the Intoxicating Liquor Act may result in once off set-up costs for retailers. However, these costs may be off-set with the introduction of minimum pricing or indeed with the abolition, voluntary or otherwise, of below cost selling of alcohol products in these outlets.

Exchequer Costs
There are no costs to the exchequer aside from those required for the enforcement of legislation.

(v) Regulations to be made governing the prohibition or restriction of certain practices relating to the sale and supply of alcohol products

Lower alcohol prices are used to attract costumers particularly in the mixed trade sector, such as supermarkets and convenience stores. Studies show increased harmful consumption of alcohol in connection with various types of promotions[47]. A recent review of Scotland's alcohol strategy concluded that the ban on quantity discounts in the off-trade, along with preventative health service interventions, may have contributed to recent declines in alcohol consumption and harms there[48].

To address promotions, the NSMS recommended that an enforcement mechanism and regulations under section 16 of the Intoxicating Liquor Act 2008 be developed. The primary purpose of these regulations is to reduce health-related harm arising from the harmful consumption of alcohol.

Section 16 provides for the making of regulations prohibiting or restricting advertising, promoting, selling or supplying of alcohol at reduced prices or free of charge in order to reduce the risk of a threat to public order and health risks from the misuse of alcohol. As this was not commenced, the Government Decision provided for enforcement of the regulations when made, by the EHOs. However, the Department of Justice and Equality and the Department of Health have since agreed that the draft Bill will give the Minister for Health the power to make regulations prohibiting or restricting certain practices relating to the sale and supply of alcohol products.

The Public Health (Alcohol) Bill will contain the policies and principles necessary to underpin the making of such regulations, and will also provide for their enforcement by EHOs. The principles and policies have already undergone legislative scrutiny as the Intoxicating Liquor Act was enacted in 2008, and therefore are not analysed in this document.

Cost to Industry
There is no cost to industry in restricting promotions even though their intake is likely to decrease.

Exchequer Cost
There are no costs to the exchequer aside from those required for the enforcement of legislation.

[47] Sassi, F. (ed) (2015) *Tackling Harmful Alcohol Use*. Paris: OECD.
[48] Beeston, C., *et al*. (2014) *Monitoring and evaluating Scotland's alcohol strategy. Fourth annual report*. Edinburgh: NHS Health Scotland. http://www.healthscotland.com/uploads/documents/24485-MESAS_4th%20Annual%20Report%20Dec%2014.pdf

Impacts

National Competitiveness

The European Commission will need to be formally notified of the intention to introduce the proposed legislation on minimum unit pricing, labelling and control of marketing and advertising under the Technical Standards and Regulations Directive (Directive 98/34/EC).

Most of the measures proposed in the legislation will have no significant negative impact on national competitiveness. All alcohol products (domestic and imported) will be subject to the conditions set out in the legislation. It is likely that production/consumption levels for the domestic market will fall but will be offset by the higher income for the alcohol industry from sales arising from the MUP proposal.

There may be some negative consequences for stakeholders arising from the proposals to introduce a watershed for advertising alcohol products on radio/TV. It is possible that Producers/Manufacturers will place advertisements with non-terrestrial channels where such restrictions do not apply. However, evidence shows that approximately 50% of the population watch terrestrial channels at any given time and that the remaining 50% watch a vast variety of non-terrestrial channels. It is unlikely that the alcohol industry would discontinue targeting the proportion of the population watching terrestrial channels.

Socially Excluded and Vulnerable Groups

Alcohol related harm affects all social groups in Ireland. However, the greater harm is experienced by marginalised and deprived groups. Travellers, the homeless, prisoners and those in deprived communities suffer more alcohol related harm than others in society. The All Ireland Traveller health study team found that amongst Travellers, those who drink, do so heavily with 66% of male Traveller drinkers and 42% of female Travellers drinkers consuming six or more drinks per drinking occasion[49]. Irish research has shown that alcohol is the drug of choice in the homeless population and is the prime reason for 13% becoming homeless[50]. A study of Irish prisoners found a lifetime prevalence of harmful use of alcohol or dependence among 60% of remand prisoners[51]. Alcohol-related hospital admissions are significantly biased towards the poor and disadvantaged.

The University of Sheffield study found that minimum unit pricing policies would have larger impacts on those in poverty, particularly harmful drinkers in poverty than on those not in poverty[52]. However, those in poverty also experience larger relative gains in health and are estimated to very marginally save money due to their reduced drinking under the majority of policies.

---

[49] Moore, R. *et al* (2010) *All Ireland Traveller Health Study. Our Geels*. Dublin: UCD. http://health.gov.ie/wp-content/uploads/2014/03/AITHS2010_TechnicalReport3_HR_PartA.pdf

[50] Lawless, M. and Corr. C. (2005) *Drug Use among the Homeless Population in Ireland*. Dublin: The Stationery Office. http://www.drugs.ie/resourcesfiles/research/2005/NACD_homeless_population.pdf

[51] Linehan, S. *et al* (2005) "Pyschiatric Morbidity in a Cross-Sectional Sample of Male Remand Prisoners" in *Irish Journal of Psychological Medicine* Volume 22 / Issue 04 / December 2005.

[52] Angus, C. *et* al 2014 *Model-based Appraisal of Minimum Unit Pricing for Alcohol in the Republic of Ireland 2013* http://health.gov.ie/blog/publications/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-the-republic-of-ireland/

Alcohol interventions targeted at vulnerable groups can prevent alcohol harm; but ultimately, policies targeted at the entire population have both a protective effect on vulnerable populations and reduce the amount of alcohol problems. A population approach benefits those who are not in regular contact with the health services and those who have not been advised to reduced their consumption of alcohol.

Environmental Impacts
There are no environmental impacts with the introduction of these measures.

Economic Market/Impact on Consumers and Competition
As outlined in Section 4 above, the alcohol industry provided an estimated 63,000 full or part time direct jobs in 2013. This includes, approximately 3,800 jobs in beverages manufacturing, 52,000 persons in the on-licence sector (including pubs, hotels and other bars), and approximately 7,000 jobs in off-licences and wholesalers. ABFI note that the alcohol industry provided an estimated €2.142 billion to the Exchequer in 2013. (www.abfi.ie). Also, pubs in Ireland are deemed to be an important component of the Irish tourism industry although there has been a further decline in public house employment of 6% from 54,000 persons in 2009 to 50,700 in 2011. (www.abfi.ie).

The introduction of the measures will impact on competition and consumer welfare in varying ways. The introduction of the MUP for example will impact to a greater extent on the off-trade sector of the market because the average price of alcohol is greater in the on-trade sector. This may also attract consumers back to the on trade where the sale of alcohol is more controlled.

The advertising watershed may result in some TV advertisements for alcohol products being placed with non terrestrial channels. The ban on outdoor advertising and the further restrictions on advertising in cinemas may have a negative impact on these industries. However, the time delay in introducing these measures will allow these sectors to find alternative replacement products/services to advertise.

It is also likely that the additional costs arising to the industry from the Labelling measures may be passed on to the consumer.

However, alcohol related harm continues to cost the Exchequer almost €2.36 bn per annum and the over-riding purpose of the measures is to reduce consumption thereby reducing harm and associated costs.

The Rights of Citizens
The rights of citizens are not affected.

North-South and East-West Relations
The introduction of the measures will have some impact on N/S and E/W Relations. Concerns have been raised that the introduction of Minimum Unit Pricing will result in a rise in cross border shopping and a subsequent loss of revenue to retailers and a reduction in VAT and Excise returns to the Exchequer. The University of Sheffield carried out an analysis of current data available on this issue as part of their report. They concluded that the fact that alcohol represents a relatively small percentage of total spend on cross-border trips (12%) suggests that it may not be the principal motivation for most of these trips. In addition, anecdotal evidence has shown that,

due to the weakening of the euro against the sterling, this trade has now reduced and there are indications of cross-border trade in the opposite direction. The Minister for Health in Northern Ireland has announced plans to introduce Minimum Unit Pricing for alcohol. The Department of Health is in contact with our counterparts in the Department of Health, Social Services and Public Safety on the matter and are cognisant of the requirement to work in tandem with the North in regard to implementation of MUP.

Advertisements for alcohol products may also be placed with media companies in NI and UK whose signals are received in ROI. However, only small percentages of population watch particular channels at any given time.

5 Consultation

While no formal specific consultation process has been entered into for the introduction of these measures, engagement with the various stakeholders took place during the process for drafting the *Steering Group Report on a National Substance Misuse Strategy, 2012*. During that period, the various recommendations of the Report were outlined to the stakeholders and their responses recorded. In the circumstances, it is not proposed to enter into another consultation process given the extensive engagement with the stakeholders at the time**.** Also, the Steering Group was representative of the various stakeholders.

The General Scheme of the Public Health (Alcohol) Bill was referred to the Joint Oireachtas Committee on Health and Children for pre-legislative scrutiny. The Committee had carried out a consultation as part of their pre-legislative scrutiny and we considered their report in drafting the Bill.

While most organisations involved in the drinks industry do not support the introduction of these measures, there has been support from Vintners organisations and the independent off-license sector for the introduction of minimum unit. Also, stakeholders in the media and advertising industries do not support the restrictions on the advertising of alcohol products.

All other organisations consulted or who made submissions to the NSMS Steering Group support the measures. This includes representatives from teachers, children's rights groups, students, alcohol support groups, community groups, drugs task forces, health services and the medical community.

In addition, the Department of Health conducted a consultation in the summer with the alcohol industry and other relevant stakeholders on appropriate transitional times for the labelling requirements. There was a general consensus that a three-year transitional period would be sufficient and in line with current transitional frameworks in relation to the provision on labelling information on food under the Food Information for Consumers Regulation 1169/2011. The Department of Agriculture, Food and the Marine was also consulted and they were in agreement with this position.

Finally, a consultation with industry is planned following publication of the bill on appropriate transitional times for the marketing and advertising provisions.

6 Enforcement and Compliance

It will not be difficult for all sectors of the alcohol trade and other stakeholders to comply with the introduction of these measures over a period of time.

Enforcement of the measures will be via a number of existing statutory bodies such as Health Service Executive (HSE) and the Broadcasting Authority of Ireland (BAI). The measures on MUP, Structural Separation and Labelling will be enforced by HSE's Environmental Health Officers who already visit mixed trading venues in the course of their current duties.

The restrictions on alcohol advertising will be overseen by the BAI and Environmental Health Officers. Environmental Health Officers will also enforce the regulations on sponsorship.

It is expected that there will be a high level of compliance as the ultimate penalty – high fines, imprisonment, and, in certain cases, the loss of licence - is a risk that traders will not wish to contemplate.

There may be an additional resource requirement for Environmental Health Officers to enforce the Public Health (Alcohol) Bill. This will be assessed and planned through the HSE National Service Plan process.

7 Review

The First Annual Report on the National Substance Misuse Strategy is due by the end of 2015. The report, which will be laid before the Houses of the Oireachtas, will outline progress on the implementation of the recommendations in the Steering Group Report on the National Substance Misuse Strategy, the target for reduction in annual per capita consumption of pure alcohol, and the key performance indicators recommended in the Steering Group report.

8 Publication

The RIA will be published on the DOH website (www.health.ie).

Appendix A

Summary of Regulatory Impact Analysis (RIA)			
Department/Office	Department of Health		
Title of Legislation	Public Health (Alcohol) Bill, 2013		
Stage:	Text of Bill Revised May 2015		
Related Publications: Programme for Government – March 2011 http://www.taoiseach.gov.ie/eng/Work_Of_The_Department/Programme_for_Government/Programme_for_Government_2011-2016.pdf Steering Group Report on a National Substance Misuse Strategy - Feb 2012 - http://health.gov.ie/blog/publications/steering-group-report-on-a-national-substance-misuse-strategy-february-2012/ General Scheme of the Public Health (Alcohol) Bill – February 2013 http://health.gov.ie/blog/publications/general-scheme-of-the-public-health-alcohol-bill-2015/			
Contact for enquiries Alessandra Fantini Tobacco and Alcohol Control Unit Department of Health Tel. 01 635 4035 Email: alessandra_fantini@health.gov.ie			
Policy Objectives			
The aim is to reduce alcohol consumption to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita) and to reduce the harms caused by the misuse of alcohol.			
Policy Options			
1	No Policy Change		
2	Undertake Awareness Campaigns		
3	Provide Self/Co Regulation		
4	Seek Higher Taxes on Alcohol Products		
5	Introduce Legislation		
Preferred Option			
The most effective option to reduce alcohol related harm is to legislate for the implementation of the NSMS recommendations			
OPTIONS			
	Costs	Benefits	Impacts
1	No Policy Change		
	No additional costs. Cost of alcohol related harm to the Exchequer will continue at €2.358bn per annum	Drinks Industry provides 52,000 jobs in on licence sector and €2.142 bn in VAT & excise, 2013	Alcohol will continue to be a major contributing factor in a range of social, economic and health harms
	Costs	Benefits	Impacts

2	Awareness Campaign		
	Additional cost to Exchequer €5m per annum	Some benefit to advertising and PR industries	Limited impact on behavioural change. No impact on drinking or consumption patterns.
3	Provide Self/Co Regulation		
	Cost of alcohol related harm to the Exchequer will continue at €2.358bn per annum. Some costs to the Exchequer, Drinks and Advertising Industry in establishing and monitoring strengthening Code.	No obvious benefits. Voluntary codes are generally ineffective and become diluted over time, particularly when regulated by vested interests.	No impact on drinking or consumption trends
4	Higher Taxes on Alcohol		
	Cost to consumer will rise dependent on extent of tax increase and extent to which it is passed on by retailers. Blanket price increase will apply to all alcohol products and will affect all drinkers.	Exchequer returns will increase depending on extent of tax increases and proportion that is passed on from retailers to consumers.	Mixed trade outlets could continue to sell alcohol at below cost prices as a 'loss leader'. Retailer could continue to claim VAT refunds from the Exchequer, as a result of this practice. The differential between on and off trade business may increase.
5	Introduce Legislation		
	Costs	Benefits	Impacts
5a	Minimum Unit Price (MUP)		
	Once off costs to industry. The revenue to the Exchequer is estimated to reduce slightly. The estimated per drinker change in alcohol expenditure for the overall population is minimal (1.3%).	MUP policies effective in reducing alcohol consumption, alcohol harms and the costs associated with those harms. Reduction in availability of strong cheap alcohol.	Below cost selling of alcohol eliminated. Differential between on and off trade reduced. Real gains in reduction of costs associated with alcohol related harms such as alcohol related deaths, admissions to hospital, hospital treatment, public order offences, workplace accidents/sick days etc.
	Costs	Benefits	Impacts

5b	Restrict Alcohol Advertising		
	Possible that advertising revenues in broadcast, print and outdoor advertising will fall.	Aim is to protect children and young people. Frequency and volume of alcohol advertising reduced.	Possible loss of jobs in advertising industry if alternative contracts not found.
5c	Regulate Sponsorship		
	No Exchequer, Industry or Trade Costs arise.	Aim is to protect children and young people. Statutory enforcement of regulations.	Robust regulation of sponsorship of sporting events by drinks industry. Possible reduction in sponsorship of events by alcohol industry.
5d	Enforcement of Structural Separation		
	No Exchequer, Industry or Trade Costs arise. Once off cost to Industry.	Robust enforcement mechanism in place to enable introduction of structural separation	Visibility of alcohol products reduced.
5e	Labelling		
	Higher costs for manufacturers and producers which could be offset by introduction of MUP.	Health warning and advice provided re alcohol consumption in general and during pregnancy.	Consumers better informed on alcohol and calorific content in all alcohol products. Consumers better informed on harms of alcohol.

Appendix B

Recommendations of the NSMS

Supply Pillar		
1	Increase the price of alcohol over the medium term to ensure that alcohol becomes less affordable, using some or all of the following approaches. Excise duties: •maintain excise rates at high levels; •further increase excise rates for higher alcohol content products; •increase the differential between excise rates applied to alcohol content levels in each alcohol product category; and •increase the annual excise fee for the renewal of off-licences. Minimum pricing: Introduce a legislative basis for minimum pricing per gram of alcohol.	D/Finance D/H
2	Introduce a 'social responsibility' levy on the drinks industry.	D/H
3	With respect to Section 16 of the Intoxicating Liquor Act 2008 (sale, supply and consumption of alcohol), •develop and implement an enforcement mechanism; and •make regulations under Section 16 (1), (b) and (c) of that Act.	D/H, D/J&E
4	Commence Section 9 (structural separation) of the Intoxicating Liquor Act 2008.	D/J&E
5	Develop proposals for an all-island initiative in relation to alcohol issues including alcohol availability, treatment and health promotion.	D/H (lead), D/J&E
6	Introduce a statutory code of practice on the sale of alcohol in the off-licence sector.	D/H
7	Provide that the HSE may object to the granting of a court certificate for a new licence and to renewal of licences.	D/J&E
8	Establish standards for server training programme s in the on-trade and the off-trade. Provide that participation by licensees and staff in such programmes is a condition of the licensing process.	D/H D/J&E
9	Develop a system to monitor the enforcement of the provisions of the intoxicating liquor legislation: •to ensure consistency of application across all Garda regions; and •concerning the sale, supply or delivery of alcohol to minors, with particular emphasis on age verification.	An Garda Síochána
10	Consider, having regard to enforcement constraints, the possible need to strengthen the legislative controls on distance sales.	D/J&E(lead), An Garda Síochána
11	Introduce the following measures to further counter drink-driving: • introduce appropriate hospital procedures to provide alcohol testing of drivers who are taken to hospital following fatal/ injury collisions; • introduce driver rehabilitation programmes for repeat drink-driving offenders and those at high risk of re-offending;	D/TT&S (lead), RSA, HSE (Lead on Bullet Point 1), An Garda

	• provide for the use of alcohol ignition interlocks as a sentencing option for those convicted of repeat drink driving offences; and • monitor and regularly publish the volume of driver alcohol testing, including mandatory alcohol testing, undertaken by An Garda Síochána on a county and national basis.	Síochána
12	Engage with EU colleagues to explore the feasibility of introducing common restrictions on advertising at a European level.	D/H
13	With a particular focus on impacting on the age of the onset of alcohol consumption, and the consumption levels of under-18 year olds, introduce a statutory framework with respect to the volume, content, and placement of all alcohol advertising in all media in Ireland (including the advertising of pubs or clubs). This will involve the utilisation of existing legislation (such as the Broadcasting Act 2009) as well as the development of new legislation. Regard should be made to the impact of any statutory framework containing the provisions immediately below on Irish industry vis-á-vis firms from other jurisdictions. At a minimum the legislation and statutory codes should provide for: • a 9.00 p.m. watershed for alcohol advertising on television and radio; • alcohol advertising in cinemas to only be associated with films classified as being suitable for over-18s; • prohibition of all outdoor advertising of alcohol; and • all alcohol advertising in the print media to be subject to stringent codes, enshrined in legislation and independently monitored.	D/H (lead)
14	Introduce mandatory age authentication controls on the advertising of alcohol on websites hosted in Ireland. Investigate feasible approaches to, and subsequently implement controls on, the volume, content and placement of all alcohol marketing in digital media.	D/H (lead)
15	Drinks industry sponsorship of sport and other large public events in Ireland should be phased out through legislation by 2016. In the intervening time, it should not be increased.	D/H (lead)
	Prevention Pillar	
1	Seek greater co-ordination of prevention activities at both national and local levels. Such activities should, where feasible, utilise Information and Communication Technology and consider a social marketing approach, to target: • underage drinking; • drink-related anti-social behaviour/ public order offences; • excessive drinking generally; • those who are pregnant or likely to become pregnant; and • other specific at-risk groups.	HSE (lead), Depts and agencies, voluntary, community & commercial sectors
2	Further develop a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders in: • educational institutions (including third level); • sporting organisations; • community services; • youth organisations and services; and	HSE and D/CYA (Co-leads), An Garda Síochána, DTFs (i) D/E&S

	• workplaces.	(ii) D/TTAS (iii) D/CYA (iv) D/JE&I
3	The alcohol screening tools used by health professionals should reflect the Irish standard drink (10 grams). The low-risk weekly guidelines for women should be to consume less than 112 grams of pure alcohol per week (11 standard drinks per week) and for men to consume less than 168 grams per week (17 standard drinks per week). Develop and implement more detailed clinical guidelines for health professionals relating to the management of at-risk patients. Labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol in pregnancy.	D/H, HSE, professional bodies
4	Continue the development and monitoring of SPHE in schools and Youthreach centres for education programmes through: • implementing the recommendations of (i) Inspectors' reports in relation to all schools and Youthreach centres for education and (ii) the SPHE evaluation (NUIG 2007) in post-primary schools; • rolling-out a senior cycle school programme; and • introducing (i) national guidelines for educational materials and (ii) national standards for teacher training, in relation to SPHE.	D/E&S(lead)
5	Encourage the provision of alcohol-free venues for young people, with an emphasis on those most at risk (e.g Youth cafés, alcohol-free music and dance venues and sports venues), with: • the young people being centrally involved in the development and management of the programmes and venues; • late night and weekend opening; and • increased access to school facilities in out-of-school hours.	D/CYA (lead), D/E&S
6	Further develop prevention measures aimed at families in relation to alcohol misuse (including prevention measures in relation to parental alcohol problems and the effect of this on children): • at a broad level for all families; and • aimed at families deemed to be at risk.	HSE (lead), D/CYA, D/E&S
7	Develop and incorporate a drugs/alcohol intervention programme, with referral to specialist services where required, into schemes aimed at youth at risk, including the Special Projects for Youth (SPY), the Garda Juvenile Diversions Programme and the Garda Youth Diversion Projects.	An Garda Síochána (lead), D/CYA, HSE, C&V youth services
Treatment and Rehabilitation		
1	Establish a Clinical Directorate to develop the clinical and organisational governance framework that will underpin treatment and rehabilitation services. The Directorate will also build the necessary infrastructure required to improve access to appropriate interventions and treatment and rehabilitation services for clients with alcohol/substance use disorders.	HSE Directorate (lead), ICGP, CPI, C&V Sector

2	Develop early intervention guidelines for alcohol and substance use across all relevant sectors of the health and social care system. This will include a national screening and brief intervention (SBI) protocol for early identification of problem alcohol use.	HSE Directorate (lead), C&V Sector
3	Implement policies and clinical protocols in all healthcare settings to prevent, assess and respond to issues arising in relation to pregnant women affected by alcohol use.	HSE (lead), Primary Care, ICGP
4	Strengthen FASD surveillance in maternity hospitals through the Eurocat Reporting system and promote greater awareness among healthcare professionals of FASD so as to improve the diagnosis and management of FASD.	HSE (lead), Primary Care, ICGP
5	Develop regulatory standards for all tier 3 and tier 4 services with regard to substance misuse.	HIQA (lead)
6	Develop and broaden the range of evidence-based psychosocial interventions in tier 3 and tier 4 services.	HSE (lead), C&V Sector
7	Using the recommendations of the 'Report of the Working Group on Treatment of Under-18 year olds Presenting to Treatment Services with Serious Drug Problems' (2005) as a template: • identify and address gaps in child and adolescent service provision; • develop multi-disciplinary child and adolescent teams; and • develop better interagency co-operation between addiction and child and family services.	HSE (lead)
8	Develop a specialist detoxification service that: • promotes the expansion of nurse prescribing in alcohol detoxification; • provides a number of clinical detox in-patient beds for clients with complex needs; and • provides community detox for those with alcohol dependency problems.	HSE Directorate (lead), C&V sectors
9	Assign alcohol liaison nurses to all general hospitals for the purpose of coordinating care planning and/or screening and brief interventions for patients with alcohol-related disorders/illnesses. Develop care pathways and models of best practice for the management of ARBI.	HSE Directorate
10	Develop joint protocols between mental health services and drug and alcohol services with the objective of integrating care planning to improve the outcomes for people with co-morbid severe mental illness and substance misuse problems.	HSE Directorate
11	Establish a forum of stakeholders to progress the recommendations in A Vision for Change in relation to establishing clear linkages between the addiction services, primary care services, community mental health teams and specialist mental health teams to facilitate the required development of an integrated approach to service development, including: • developing detoxification services; • ensuring availability of, and access to, community-based,	HSE Directorate

	appropriate treatment and rehabilitation services through the development of care pathways; and • ensuring access to community mental health teams where there is a co-existing mental health condition.	
12	Develop a comprehensive outcomes and evidence-based approach to addressing the needs of children and families experiencing alcohol dependency problems. This would involve a whole-family approach, including the provision of supports and services directly to children where necessary. This approach should be guided by and coordinated with all existing strategies relating to parenting, children and families and in accordance with edicts from the Office for the Minister for Children and the Child and Family Support agency.	HSE (lead), D/CYA, C&V sector, Family Support Network
13	Explore the extent of parental problem substance use through the development of a strategy, along the lines of the Hidden Harm Report in Northern Ireland, and respond to the needs of children of problem substance use by bringing together all concerned organisations and services. This could be developed through links with Cooperation and Working Together (CAWT), dedicated to health gain and social well-being in border areas.	HSE (lead), D/CYA, C&V sector, Family Support Network
14	Develop family support services, including: • access to information about addiction and the recovery process for family members; • peer-led family support groups to help families cope with problematic drinking; • evidence-based family and parenting skills programmes; • the reconciliation of problem drinkers with estranged family members where possible; and • the development of a short-stay respite programme for families of problem drinkers.	HSE Directorate (lead), C&V Sector, Family Support Network
15	Develop a drugs/alcohol intervention programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.	D/J&E lead Probation Service, An Garda Síochána
16	Continue the expansion of treatment and rehabilitation services in prisons to include treatment for prisoners who have alcohol dependency. Develop protocols for the seamless provision of treatment and rehabilitation services for people with alcohol problems as they move between prison and the community.	IPS (Lead), Probation Service, HSE
17	Address the treatment and rehabilitation needs of the following specified groups in relation to the use of alcohol: members of the Traveller community; members of the lesbian, gay, bisexual and trans-gender community; new communities; and sex workers. This should be facilitated by engagement with representatives of these communities, and/or services working with the communities, as appropriate.	HSE Directorate (lead)
18	Implement the actions, by the appropriate agencies, in the Homeless Strategy: National Implementation Plan (DEHLG 2008)	DECLG (lead), CDT on Homelessness

19	Co-ordinate the provision of training within a single national substance misuse framework, i.e. National Addiction Training Programme.	HSE Directorate (lead)
20	Collate, develop and promote greater awareness of information on alcohol treatment and rehabilitation services.	HSE Directorate (lead)
RESEARCH PILLAR		
1	Continue to implement and develop, as appropriate, epidemiological indicators and the associated data collection systems, to identify: • prevalence and patterns of alcohol use and misuse among the general population; • prevalence and patterns of alcohol use among specific sub-groups; • demand for alcohol treatment; • alcohol-related deaths and mortality of alcohol users; • public expenditure; and • harm reduction.	HRB & NACD (joint leads)
2	Develop and prioritise a research programme, revised on an annual basis, to examine the economic, social and health consequences of alcohol and the impact of alcohol policy measures.	HRB & NACD (joint leads)
3	Disseminate alcohol research findings and models of good practice to all relevant statutory, community and voluntary sector organisations.	HRB & NACD

Appendix C

Health Committee Recommendations
The Committee recommends that consideration be given to inclusion of a sunset clause requiring the re-evaluation of the legislation in its entirety no longer than three years after the Bill's commencement.
The Committee recommends that consideration be given to introduce MUP, as outlined in the General Heads of the Scheme
The Committee recommends that the Minister make contingency plans taking the possible (ECJ) judgment case into account.
The Committee recommends considering setting the price per unit at the upper end of this range (between 0.60 and €1.10 cent).
In future, the Committee recommends that the Minister consider publishing draft Regulations alongside the General Scheme of the Bill to enhance the effectiveness of pre-legislative scrutiny.
The Committee recommend that consideration be given to proceeding with implementing MUP (irrespective of any possible delays in Northern Ireland).
The Committee recommends that the Minister considers reducing the overall amount of space given to alcohol advertising at any one time to 20%.
The Committee recommends that the Minister considers restricting the overall amount of outdoor advertising space given to alcohol advertising at any one time to 20%.
The Committee recommends further safeguards, so that advertising of alcohol is only permitted where no more than 10% of the audience are children.
The Committee recommends that the Minister explores possible measures to counter advertising on online social media channels, and the 'gamification' of branding and advertising these trends, including: • the use of a social levy on alcohol producers / retailers to develop new social media health promotion strategies; • the introduction of mandatory age authentication controls on the advertising of alcohol on websites hosted in Ireland; • The banning of interactive competitions / gamesby alcohol brands and companies; • Possible measures to control the volume, content and placement of all alcohol marketing in digital media; • Innovative measures, recently introduced in Finland to counter social media

advertising of alcohol, should also be explored.
The Committee wishes to re-state its recommendation that a ban on alcohol advertising on television before 9 pm should be introduced.
The Committee recommends that the Minister consider introducing regulations to enforce a ban on the outdoor advertising (e.g. on bus shelters, hoardings and banners) of alcohol within a 250m distance of schools.
The Committee wishes to re-state its recommendation that the Minister should consider measures to ban online, leaflet or media advertising of the volume discounting of alcohol in a retail setting
The Committee recommends that the Minister consider including a ban on multi-buy promotions, and a ban on any promotional discounts (i.e. money back vouchers, loyalty points etc.) linked to the purchase of alcohol.
The Committee recommends that the Minister consider making a statutory code for structural separation more restrictive, by excluding the wording “as far as possible”, and by including wine among the categories encompassed by a statutory code.
The Committee strongly recommends that EHOs be fully resourced in order to ensure effective enforcement of its provisions.

Appendix D

Dr Ann Hope was commissioned by the Department of Health to conduct an alcohol literature review and update the evidence contained in the *Steering Group Report on a National Substance Misuse Strategy*, in the context of the draft Public Health (Alcohol) Bill. The report incorporates the latest Irish and International research evidence on alcohol consumption and harm. It also presents the latest research evidence on the regulation of alcohol marketing and health labelling.

Table 1 is taken from Dr Hope's report and outlines the economic costs of deaths, illness and crime attributable to alcohol misuse. The estimated cost to Irish society of problem alcohol use is €2.3 billion.

Category of Cost	€Million	% of total
Cost to the health care system	800	34
Cost of alcohol related crime	686	29
Cost of alcohol related road accidents	258	11
Cost of lost output due to alcohol relate absenteeism	195	8
Cost of alcohol related accidents at work	185	8
Cost of alcohol related suicides	169	7
Cost of alcohol related premature mortality	65	3
Total Costs	**2358**	**100**

Table 1: Cost of alcohol misuse to the Exchequer in 2013

The estimated total cost to Irish society of problem alcohol use is €2.358 billion in 2013. The figures estimated in this paper show a significant decrease in the estimated cost to society between 2007 and 2013. Byrne (2010) estimated the social costs for 2007 at €3.7 billion.

The reduction in 2013 is due to a number of factors:

- the cost of alcohol related road accidents has fallen sharply, due to the fall in the number of accidents
- the costs to the health care system and the criminal justice system which are the largest elements of the total cost are estimated as a proportion of total spending on those services and spending has been reduced significantly since 2007, when government spending overall peaked before the onset of the recent recession.
- Total spending on health fell by 23% between 2008 and 2013 and total spending on the gardai, courts and prisons fell by 9% in the same period.

Appendix E

Minimum Unit Pricing (MUP) sets a minimum unit price for alcoholic drinks, (based on the number of grams in the drink), below which alcohol cannot be sold. Under MUP alcohol which is cheap relative to its strength is increased in price. MUP is able to target cheaper alcohol relative to its strength because the minimum price is determined by and is directly proportional to the amount of pure alcohol in the drink.

The Department of Health in conjunction with Northern Ireland, commissioned a health impact assessment from Sheffield University. Figures 1 and 2 and Table 1 are taken from this study and outline the impact that Minimum Unit Pricing will have on consumption, spending, and price

Figure 1 illustrates that MUP would only have a small impact on alcohol consumption for low risk drinkers. Somewhat larger impacts would be experienced by increasing risk drinkers, with the most substantial effects being experienced by high risk drinkers.

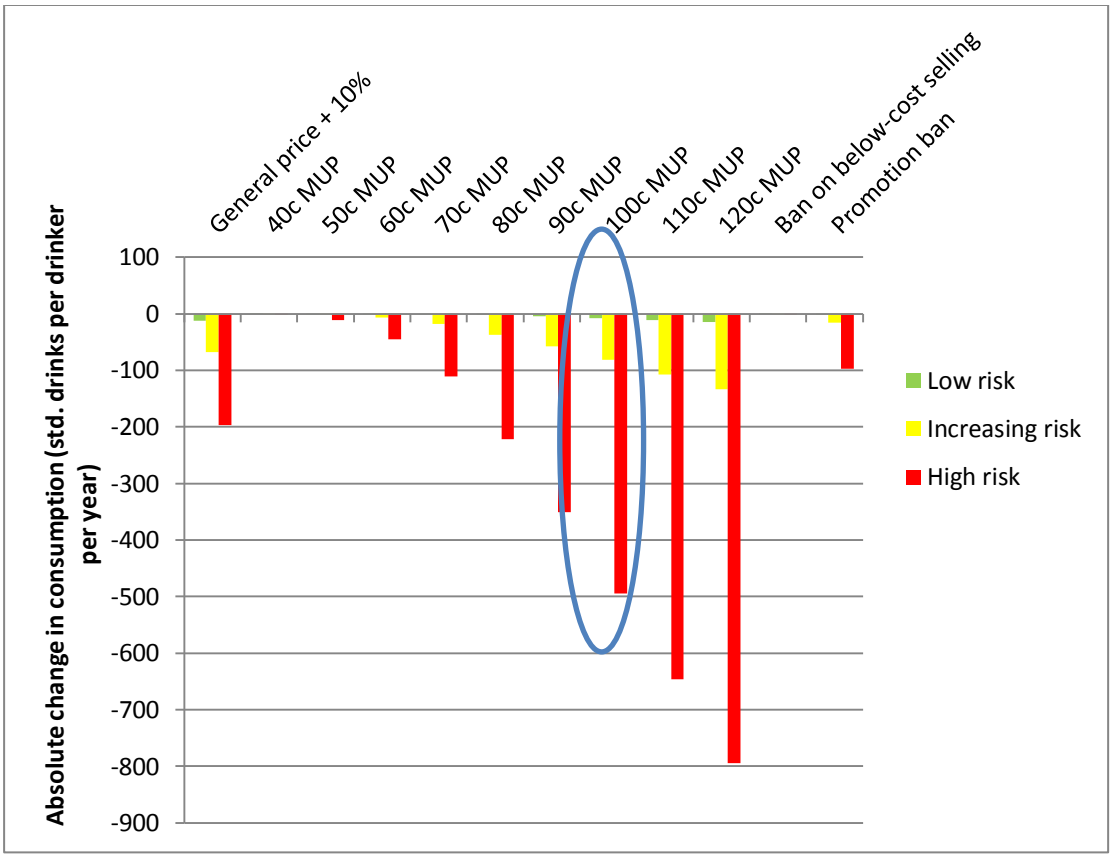

Figure 1. – Summary of Absolute Consumption Changes by Policy by Drinker Type

Tables 2 below illustrates the relative changes in price, consumption and spending by beverage type and location for a range of MUP.

The results show that the products most affected by this policy are those that are currently sold being sold in the off-trade, i.e. supermarkets and off-licenses. It is expected that with an appropriate MUP, prices, consumption and spending in the on trade sector, e.g. pubs, hotels and restaurants, will not be affected. On the other hand, prices in the off trade will increase substantially, leading to a considerable decrease in consumption and a small increase in spending.

	Change in price	Change in consumption	Change in spending
Off-trade beer	44.2%	-39.9%	-13.3%
Off-trade cider	24.9%	-31.4%	-14.2%
Off-trade wine	19.1%	1.0%	20.3%
Off-trade spirits	18.6%	-11.5%	5.0%
Off-trade RTDs	15.9%	-40.0%	-30.5%
Subtotal: Off-trade	**29.0%**	**-19.6%**	**3.8%**
On-trade beer	0.2%	-1.8%	-1.6%
On-trade cider	0.3%	9.9%	10.2%
On-trade wine	0.2%	11.2%	11.4%
On-trade spirits	0.5%	-2.4%	-1.9%
On-trade RTDs	-0.4%	23.1%	22.7%
Subtotal: On-trade	**0.2%**	**0.3%**	**0.6%**
Subtotal: Beer		**-14.0%**	**-3.4%**
Subtotal: Cider		**-9.4%**	**4.7%**
Subtotal: Wine		**2.9%**	**16.8%**
Subtotal: Spirits		**-6.5%**	**-0.7%**
Subtotal: RTDs		**-4.9%**	**13.9%**
Total	**11.1%**	**-8.8%**	**1.3%**

Table 2: Relative changes in price, consumption and spending, by beverage type and location for 100c MUP

RTDs = ready to drink beverages, also known as alcopops.

Figure 2 illustrates that MUP and promotion ban policies would only have a small impact on alcohol spending for low and increasing risk drinkers. High risk drinkers, however, would experience a significant reduction in their spending due to reduced consumption.

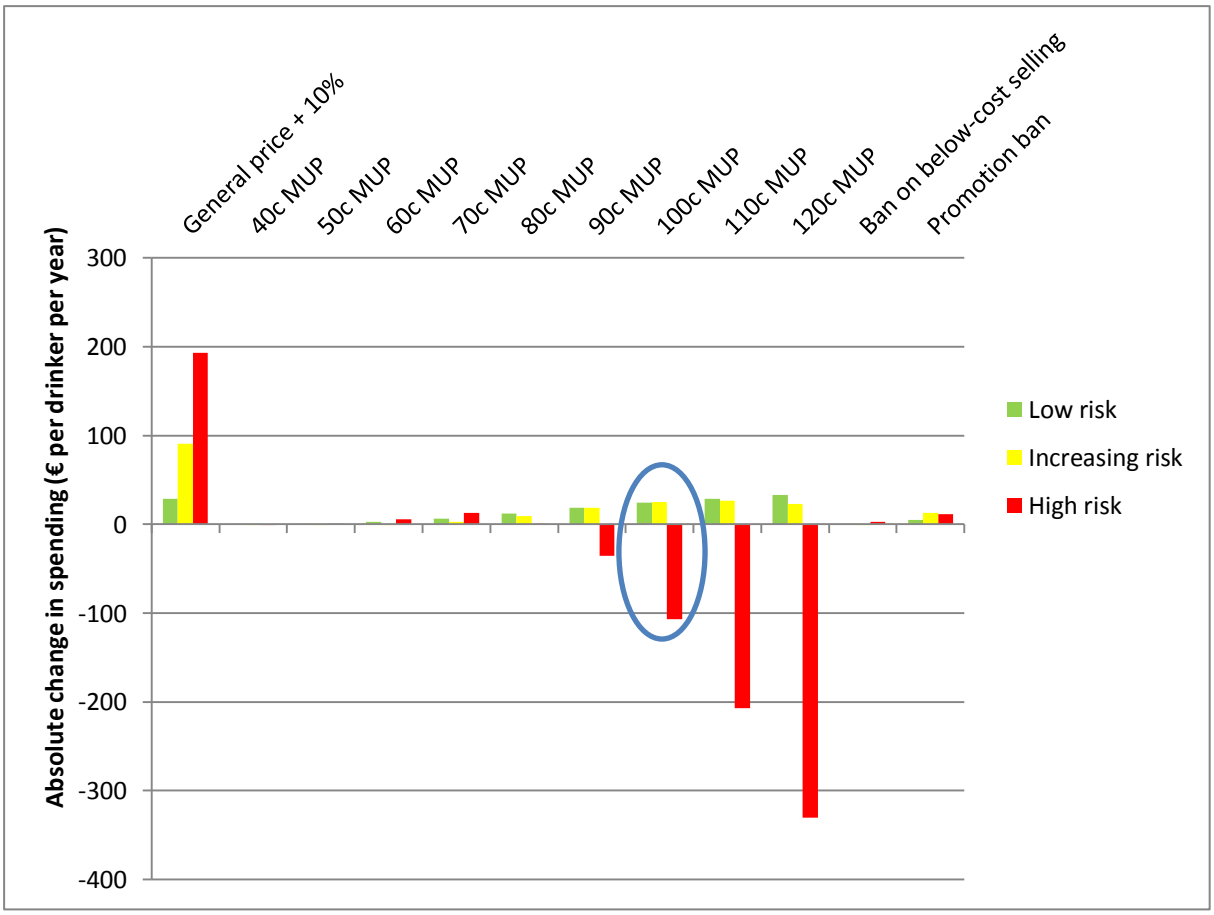

Figure 2: Summary of Absolute Spending Changes by Policy by Drinker Type

Table 3 below illustrates the effect of a 10c MUP policy on product prices in the off-trade (below) and on-trade (overleaf).

Beverage	Volume Ml	%ABV	Grams of Alcohol	MUP 100 cents per 10 grams	MUP Price €	Retail Price €	Difference btw MUP and Retail Price €
Paddy Irish Whiskey	1000	40	315.60	3156.0	31.56	25	6.56
Smirnoff Vodka	1000	37.5	295.88	2958.8	29.59	28	1.59
Tesco Vodka*	700	37.5	207.11	2071.1	20.71	12.99	7.72
Jameson Whiskey	700	40	220.92	2209.2	22.09	26	-3.91
Huzzar Vodka	700	37.5	207.11	2071.1	20.71	19	1.71
Jacobs Creek Classic Chardonnay	750	12.7	75.15	751.5	7.52	10.5	-2.98
Vineyards Chenin Blanc	750	12.5	73.97	739.7	7.40	7	0.40
Devils Bit Cider	500	6	23.67	236.7	2.37	1.37	1.00
Smirnoff Ice	700	4	22.09	220.9	2.21	5	-2.79
Heineken	500	5	19.73	197.3	1.97	1.17	0.80
Guiness	500	4.2	16.57	165.7	1.66	1.17	0.49
Dutch Gold	500	4	15.78	157.8	1.58	1.18	0.40
Tesco Lager*	440	3.8	13.19	131.9	1.32	0.77	0.55
Tennants	440	4	13.89	138.9	1.39	1.05	0.34
Bulmers	300	4.5	10.65	106.5	1.07	1	0.07

*Prices for Tesco Products from July 2015
Prices for other products from December 2014

Beverage	Volume Ml	%ABV	Grams of Alcohol	MUP 100 cents per 10 grams	MUP Price €	Retail Price €	Difference btw MUP and Retail Price €
Paddy Irish Whiskey	35.5	40	11.20	112.0	1.12	4.4	-3.28
Smirnoff Vodka	35.5	37.5	10.50	105.0	1.05	4.4	-3.35
Jameson Whiskey	35.5	40	11.20	112.0	1.12	4.4	-3.28
Huzzar Vodka	35.5	37.5	10.50	105.0	1.05	4.4	-3.35
Smirnoff Ice	330	4	10.41	104.1	1.04	5.85	-4.81
Heineken	570	5	22.49	224.9	2.25	5.35	-3.10
Guiness	570	4.2	18.89	188.9	1.89	4.9	-3.01
Budweiser	570	4	17.99	179.9	1.80	5.35	-3.55
Bulmers	570	4.5	20.24	202.4	2.02	5.35	-3.33

Prices from City Pub December 2014 and City Centre wine bar October 2015